

PIERO ALTOMARE

Application No.: 09/996,882

Filed: November 30, 2001

For: INTERFACE MODULE FOR DOCUMENT-

BASED ELECTRONIC BUSINESS PROCESSES

BASED ON TRANSACTIONS

Docket No. 00366.000154

Examiner: R.S. Woo

Group Art Unit: 3629

Date: October 24, 2002

9P31/298

THE COMMISSIONER FOR PATENTS Washington, D.C. 20231

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

|) | | С | LAIMS AS AMEN | NDED | | · · · · · · · · · · · · · · · · · · · |
|--|--------------------------------------|-------|--|-------------------------|----------------|---------------------------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 36 | MINUS | ** | = 16 | x \$9 \$18 | \$ 144.00 |
| INDEP. CLAIMS | * 8 | MINUS | *** | 4 | x \$42 \$84 | \$ 168.00 |
| Fee for Multiple Dependent claims \$140°/\$280 | | | | | | \$ -0- |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$ 312.00 |

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

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| X | A check in the amount of \$312.00 is enclosed. |
|---|---|
| | Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed. |
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |
| | A check in the amount of \$ to cover the fee for a month extension is enclosed. |
| | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed. |
| X | Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below. |
| | Respectfully submitted, |
| | Attorney for Applicant |
| | Registration No. 46,551 |

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3801
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